

slapping of the surface to aid reaction completed the treatment. This treatment was given daily during the first week, and the improvement in both general health and the articular symptoms was quite marked. He gained four pounds in weight. During the second week, two hot sulphur baths followed by massage, and four tonic baths were given; continuous improvement in the joint symptoms was noted, and the patient gained three pounds during this week. The third week's treatment was a repetition of the second, the patient gaining three pounds in a week, a total of ten pounds in the three weeks. The joint swelling had nearly all disappeared and he was able to get about without the aid of either crutches or cane.

Cases such as this, where the vitality has been greatly depressed by an excessive hot bath treatment, are much more frequently seen at health resorts than would be supposed. The reason for it is the prevailing popular idea that rheumatic and gouty conditions are only cured by a process of sweating. Hence, patients seeking these resorts for treatment, and without the advice of a physician, are very prone to carry it too far. This is particularly noticeable in patients whose vitality was low when commencing treatment. From this I contend that the most rational method to adopt in treating rheumatic and gouty patients at health resorts, is to regulate both diet and bathing, from the standpoint of physical condition rather than that of the theoretical considerations of etiology.

#### CASE OF DOUBLE SENILE CATARACT WITH SPONTANEOUS POSTERIOR DISPLACEMENT OF BOTH LENSES.\*

By P. A. JORDAN, M. D., San Jose.

I wish to report the following case because of its comparative infrequent occurrence.

M. K., age 87; male; formerly policeman; confined to bed for the past four years with senile dementia. Has lain on his back most of the time; able to sit, stand, and take nourishment.

Patient was first seen by the writer two years ago, March, '04, in company with Dr. G. W. Fowler. Double senile cataract was readily diagnosed. The pupil of each eye plainly disclosed the pearly white cataract. The patient had light perception, and possible projection, though his demented condition forbade obtaining subjective tests. He could not see better than shadows. Extraction was considered, but his physical condition would not allow it. His white cataracts were plainly visible to the nurse, who three times a day brought him his food, and his blindness was also self evident.

One morning, three months later, when the nurse approached, the patient exclaimed, "I can see you." And on testing, it was found he could differentiate people, objects and colors. The pupils no longer disclosed white cataracts, but had the normal black appearance. Closer inspection revealed the lenses hanging backward in the vitreous. The zonula of Zinn had given way and gravity had favored backward dislocation.

In January, '06, atropine one per cent was instilled three times a day for seven days. No dilation followed. Iris was tremulous. The lenses up to time of death four weeks ago, were one-third their original size, and could be seen to flap up and down in the vitreous on motion of the eyes. An autopsy could not be obtained.

Remember our new address, 2210 Jackson Street, San Francisco.

\*To have been read at the Thirty-sixth Annual Meeting of the State Society, San Francisco, April, 1906.

#### PROPRIETARY MEDICINES.

SOME GENERAL CONSIDERATIONS.\*

By GEORGE H. SIMMONS, M. D., Chicago.

##### PROPRIETARY MEDICINES.

A proprietary medicine is a preparation that is owned or controlled by an individual or individuals. This control is held either by a copyright or trade name, or by a patent. Proprietary preparations controlled by copyright or trade names are generally mixtures, and are often secret or semi-secret in character. It is the name of the article that protects it.

There is no objection to proprietary medicines *per se*, if we are to recognize the commercial rights of those who supply us with medicines. The commercializing of the literature relating to our materia medica, however,—which seems to be necessarily associated with proprietary interests—is against a true scientific spirit and is demoralizing, both to pharmacy and to medicine.

The ideal proprietaries are those that are made so by the manufacturers attaching their own and not a fanciful name to the preparation. For instance, Squibb's ergot is a proprietary preparation, in so far that if a physician prescribe for this preparation he will get Squibb's ergot as surely as he would if it were sold under some fanciful name. So with other articles, whether mixtures or simples, if the maker's name is attached. These are the ideal proprietaries and ought to be encouraged, for this means the encouragement of a high standard of quality.

##### PATENTED MEDICINES.

Patented medicines are those which are made patent or open; in consideration of the owner making known his methods of manufacture he is protected against infringement of his rights for a certain number of years.

Nearly all patented medicines are chemical compounds "made in Germany"; but, incidentally, it might be said they are not much used in Germany; at least not as much so as in this country. Theoretically, there is no objection to patented medicines; at least, they are not secret, nor is there anything mysterious about them. Practically, they have become almost as much of a nuisance as the nostrums because of their vast and ever-increasing number, and especially because the manufacturers are so extremely anxious to get physicians to prescribe them that they often stretch the truth to the breaking point in the literature describing their value as therapeutic agents.

##### "PATENT MEDICINES" AND PROPRIETARY MEDICINES.

Proprietary medicines, theoretically at least, may be divided into two classes: those that are sold directly to the public, and those that are put up for and advertised only to the medical profession. The former are called "patent medicines." This is an arbitrary, absurd, and meaningless term, but one that will doubtless continue to be used. The latter, those advertised to physicians, are usually called "proprietary." But when the Proprietary Association of America, an organization made up principally of "patent medicine" men, discusses the prep-

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